

Office of Juvenile Justice Youth Master Record Archive Box Storage Form

م من الم من م	. Facility ::	Day Numbar	Doto:
Sendino	ı Facılıtv:	Box Number	Date:
	,	2000000	2 (0.0)

Youth Name	Client ID#	Date of Birth	Master Record	Medical/Mental Health Record	Education Record	Release Date

Note: Please complete the form in its entirety, check off all records for each youth stored in this box, and tape this form to the top of the box for Archive purposes.